

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac Street, Suite 400

☐Check if different
than previously
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2009

through

01

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Andersen

Signature of Treasurer

Electronically Filed by Brent Andersen

Date

02

17

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		25389.18
(b) Cash on Hand at Beginning of Reporting Period	25389.18	
(c) Total Receipts (from Line 19)	92299.00	92299.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	117688.18	117688.18
7. Total Disbursements (from Line 31)	49510.41	49510.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	68177.77	68177.77
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	79730.00	79730.00
(i) Itemized (use Schedule A)	12569.00	12569.00
(ii) Unitemized	92299.00	92299.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤	92299.00	92299.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	92299.00	92299.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	92299.00	92299.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	40091.78	40091.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	40091.78	40091.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	9418.63	9418.63
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	9418.63	9418.63
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	49510.41	49510.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49510.41	49510.41

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	92299.00	92299.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	92299.00	92299.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	40091.78	40091.78
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	40091.78	40091.78

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Martin Begien

Mailing Address 407 Warren Street

City

Brookline

State

MA

Zip Code

02445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 90127.C172360

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Ann Blackham

Mailing Address 60 Swan Road

City

Winchester

State

MA

Zip Code

01890

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coldwell Banker

Occupation
Real Estate Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 90123.C172213

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Robert Brace

Mailing Address 9 Jackson Pond

City

Dedham

State

MA

Zip Code

02026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 90127.C172392

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Nelson Burbank

Mailing Address 24 Juniper Circle

City

Reading

State

MA

Zip Code

01867

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 90123.C172245

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Richard Clemence

Mailing Address 28 Pinedale St.

City

Southbridge

State

MA

Zip Code

01550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hyde Group Inc

Occupation
Vice Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 90123.C172292

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Lawrence Cohn

Mailing Address 45 Single Tree Road

City

Chestnut Hill

State

MA

Zip Code

02467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brigham & Womens Hospital

Occupation
Cardiac Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 90123.C172243

Amount of Each Receipt this Period

1250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Gould Coleman

Mailing Address 81 Bickford Hill Rd

City

Gardner

State

MA

Zip Code

01440

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 90123.C172201

Amount of Each Receipt this Period

150.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Gould Coleman

Mailing Address 81 Bickford Hill Rd

City

Gardner

State

MA

Zip Code

01440

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 90213.C172421

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Michael Cronin

Mailing Address 72 Cliff Rd.

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weston Presidio

Occupation
Venture Capitalist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 90123.C172153

Amount of Each Receipt this Period

10000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

10250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Kevin Delbridge

Mailing Address 10 Andrea Drive

City

Hopkinton

State

MA

Zip Code

01748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harborvest Partners

Occupation

Financial Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 90123.C172244

Amount of Each Receipt this Period

10000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Wesley Eaton

Mailing Address 304 Brooksby Village Drive
Unit 308

City

Peabody

State

MA

Zip Code

01960

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 90123.C172211

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John Fitzpatrick

Mailing Address PO Box 954
9 Prospect Hill Road

City

Stockbridge

State

MA

Zip Code

01262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 90123.C172198

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

20000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Jay Forrester

Mailing Address 80 Deaconess Road
Suite 442

City State Zip Code
Concord MA 01742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 90123.C172269

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Madeline Gregory

Mailing Address 300 Summer St

City State Zip Code
Westwood MA 02090

FEC ID number of contributing
federal political committee.

C

Name of Employer
At Home

Occupation
At Home (Housewife)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 90123.C172241

Amount of Each Receipt this Period

2000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

William Hofmann

Mailing Address 223 Rutledge Road

City State Zip Code
Belmont MA 02478

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
insurance agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 90123.C172242

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

3200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 37

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

William Katz

Mailing Address 11 Sunset Rd

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ionics Inc.

Occupation

Chemical Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 90127.C172362

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Kevin Landry

Mailing Address 250 Boylston St.
#6

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
TA Assoc

Occupation

Mgr Director & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 90123.C172159

Amount of Each Receipt this Period

10000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Susan Mattes

Mailing Address 9 Hardy Road

City

Marlborough

State

MA

Zip Code

01752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Astrazeneca R&D Boston

Occupation

Research Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 90127.C172391

Amount of Each Receipt this Period

300.00

Receipt

SUBTOTAL of Receipts This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

James McManus

Mailing Address 88 Chestnut St

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Commercial Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 90123.C172246

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Edward Michaud

Mailing Address 12 Highland St.

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 0 / 2 0 0 9

Transaction ID: 90123.C172167

Amount of Each Receipt this Period

1230.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Frank Pedlow

Mailing Address 23 Ridgeway Lane

City

Boston

State

MA

Zip Code

02114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 90127.C172378

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2480.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Lovett Peters

Mailing Address 81 Old Orchard Rd.

City

Newton

State

MA

Zip Code

02467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pioneer Institute

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 90123.C172240

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Patricia Petrou

Mailing Address 82 Marmion Way

City

Rockport

State

MA

Zip Code

01966

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 90127.C172395

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Frank Pickering

Mailing Address 18 Strawberry Hill Lane

City

Danvers

State

MA

Zip Code

01923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 90127.C172394

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Michael Potaski

Mailing Address 24B Church Street

City

Linwood

State

MA

Zip Code

01525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 90127.C172345

Amount of Each Receipt this Period

2500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Robert Reynolds

Mailing Address 153 Garfield Road

City

Concord

State

MA

Zip Code

01742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fidelity Investments

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 90123.C172197

Amount of Each Receipt this Period

10000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Rosmarie Scully

Mailing Address 30 Somerset St.

City

Belmont

State

MA

Zip Code

02478

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scully Signal

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 90127.C172361

Amount of Each Receipt this Period

2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

14500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Carl Selavka

Mailing Address 73 North Maple Street

City

Hadley

State

MA

Zip Code

01035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 90127.C172390

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Richard Sotell

Mailing Address 31 Lathrop Road

City

Wellesley

State

MA

Zip Code

02482

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kraematon Group

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 90123.C172214

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Nancy Steinmann

Mailing Address 220 Boylston St.

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 90127.C172359

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Gilbert Steward

Mailing Address 137 Larch Row

City

Wenham

State

MA

Zip Code

01984

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 90127.C172358

Amount of Each Receipt this Period

3000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Peter Torkildsen

Mailing Address 1 Stony Brook Road

City

Chelmsford

State

MA

Zip Code

01863

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massachusetts Republican
Party

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 7 / 2 0 0 9

Transaction ID: 90213.C172400

Amount of Each Receipt this Period

1325.00

In-Kind

In-kind donation of office
furniture

C.

Full Name (Last, First, Middle Initial)

Raymond Tye

Mailing Address 175 Campanelli Drive

City

Braintree

State

MA

Zip Code

02184

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Liquors, Ltd.

Occupation
Chairman of the Board of Direc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 90123.C172344

Amount of Each Receipt this Period

2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

6325.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Peter Voss

Mailing Address One Charles Street South
Apt 7-H

City State Zip Code
Boston MA 02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 90123.C172200

Amount of Each Receipt this Period

2000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Jacques Wajsfelner

Mailing Address 298 Concord Rd.

City State Zip Code
Weston MA 02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 90123.C172199

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

D. Bradford Wetherell

Mailing Address 47 Fresh Pond Ln.

City State Zip Code
Cambridge MA 02138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Romney for President

Occupation
Policy Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 90213.C172448

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

3200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Albert Wilson

Mailing Address 29 Concord Court

City

Bedford

State

MA

Zip Code

01730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spaulding and Slye Collins

Occupation

Real Estate Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: 90123.C172248

Amount of Each Receipt this Period

225.00

Receipt

B.

Full Name (Last, First, Middle Initial)

George Young

Mailing Address 235 Walker St. Apt 252

City

Lenox

State

MA

Zip Code

01240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 90123.C172212

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

79730.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 37

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Scr & Associates, LLC	Transaction ID: 90213.E10969 Date of Disbursement																				
Mailing Address 4 Leblanc Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	8		2	0	0	9												
City Danvers State MA Zip Code 01923-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fundraising Consultant Fee - party related non FEA Candidate Name	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
FUNDRAISING CONSULTANT FEE - PARTY RELATED NON FEA																					
B. Full Name (Last, First, Middle Initial) AT&T	Transaction ID: 90213.E10976 Date of Disbursement																				
Mailing Address PO Box 2971	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	8		2	0	0	9												
City Omaha State NE Zip Code 68103-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Cell Phone Candidate Name	<table border="1"> <tr> <td colspan="10">292.78</td> </tr> </table>	292.78																			
292.78																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
CELL PHONE																					
C. Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts	Transaction ID: 90213.E10995 Date of Disbursement																				
Mailing Address Landmark Center 401 Park Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	6		2	0	0	9												
City Boston State MA Zip Code 02215-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Health Insurance Candidate Name	<table border="1"> <tr> <td colspan="10">3163.44</td> </tr> </table>	3163.44																			
3163.44																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
HEALTH INSURANCE																					

SUBTOTAL of Disbursements This Page (optional)

8456.22

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Cambridge Offset Printing	Transaction ID: 90213.E10971 Date of Disbursement																				
Mailing Address 56 Creighton Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	8		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	8		2	0	9													
<table border="1"> <tr> <td>City Cambridge</td> <td>State MA</td> <td>Zip Code 02140-</td> </tr> <tr> <td>Purpose of Disbursement Business Cards</td> <td colspan="2" rowspan="2"> <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type </td> </tr> <tr> <td>Candidate Name</td> </tr> </table>	City Cambridge	State MA	Zip Code 02140-	Purpose of Disbursement Business Cards	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type		Candidate Name	Amount of Each Disbursement this Period <div style="border: 1px solid black; width: 100%; text-align: right; padding-right: 10px;">110.25</div>													
City Cambridge	State MA	Zip Code 02140-																			
Purpose of Disbursement Business Cards	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type																				
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:		BUSINESS CARDS														
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
B. Full Name (Last, First, Middle Initial) Cambridge Offset Printing	Transaction ID: 90213.E10996 Date of Disbursement																				
Mailing Address 56 Creighton Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	6		2	0	9													
<table border="1"> <tr> <td>City Cambridge</td> <td>State MA</td> <td>Zip Code 02140-</td> </tr> <tr> <td>Purpose of Disbursement Paper Supplies</td> <td colspan="2" rowspan="2"> <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type </td> </tr> <tr> <td>Candidate Name</td> </tr> </table>	City Cambridge	State MA	Zip Code 02140-	Purpose of Disbursement Paper Supplies	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type		Candidate Name	Amount of Each Disbursement this Period <div style="border: 1px solid black; width: 100%; text-align: right; padding-right: 10px;">131.25</div>													
City Cambridge	State MA	Zip Code 02140-																			
Purpose of Disbursement Paper Supplies	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type																				
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:		PAPER SUPPLIES														
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
C. Full Name (Last, First, Middle Initial) Css Castle Self-Storage	Transaction ID: 90213.E10970 Date of Disbursement																				
Mailing Address 39 Old Colony Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	8		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	8		2	0	9													
<table border="1"> <tr> <td>City Boston</td> <td>State MA</td> <td>Zip Code 02127-</td> </tr> <tr> <td>Purpose of Disbursement Storage</td> <td colspan="2" rowspan="2"> <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type </td> </tr> <tr> <td>Candidate Name</td> </tr> </table>	City Boston	State MA	Zip Code 02127-	Purpose of Disbursement Storage	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type		Candidate Name	Amount of Each Disbursement this Period <div style="border: 1px solid black; width: 100%; text-align: right; padding-right: 10px;">329.00</div>													
City Boston	State MA	Zip Code 02127-																			
Purpose of Disbursement Storage	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type																				
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:		STORAGE														
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

SUBTOTAL of Disbursements This Page (optional)

570.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 37

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	Transaction ID: 90213.E11000 Date of Disbursement																				
Mailing Address PO Box 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	6		2	0	0	9												
City Pittsburgh State PA Zip Code 15250- Purpose of Disbursement Express Mail Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">139.03</td> </tr> </table>	139.03																			
139.03																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type EXPRESS MAIL																				
B. Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	Transaction ID: 90213.E11017 Date of Disbursement																				
Mailing Address PO Box 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	7		2	0	0	9												
City Pittsburgh State PA Zip Code 15250- Purpose of Disbursement Express Mail Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">97.74</td> </tr> </table>	97.74																			
97.74																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type EXPRESS MAIL																				
C. Full Name (Last, First, Middle Initial) Guardian Guardian	Transaction ID: 90213.E10989 Date of Disbursement																				
Mailing Address Boston Group Office 1 Liberty Square	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	1		2	0	0	9												
City Boston State MA Zip Code 02109- Purpose of Disbursement Dental Insurance Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">499.75</td> </tr> </table>	499.75																			
499.75																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type DENTAL INSURANCE																				

SUBTOTAL of Disbursements This Page (optional)

736.52

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City
Quincy

State
MA

Zip Code
02170-

Purpose of Disbursement
Reimbursement for travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90213.E10983

Date of Disbursement

/ /

Amount of Each Disbursement this Period

59.00

REIMBURSEMENT FOR TRAVEL

B.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City
Quincy

State
MA

Zip Code
02170-

Purpose of Disbursement
Reimbursement for travel parking lunch

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90213.E11020

Date of Disbursement

/ /

Amount of Each Disbursement this Period

153.34

REIMBURSEMENT FOR TRAVEL
PARKING LUNCH

C.

Full Name (Last, First, Middle Initial)

Brett Kasper

Mailing Address 43 Eastern Ave. Apt. 3

City
Lynn

State
MA

Zip Code
01902-

Purpose of Disbursement
Accounting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90213.E10984

Date of Disbursement

/ /

Amount of Each Disbursement this Period

400.00

ACCOUNTING SERVICES

SUBTOTAL of Disbursements This Page (optional)

612.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Brett Kasper

Mailing Address 43 Eastern Ave. Apt. 3

City
Lynn

State
MA

Zip Code
01902-

Purpose of Disbursement
Accounting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90213.E10999

Date of Disbursement

/ /

Amount of Each Disbursement this Period

400.00

ACCOUNTING SERVICES

B.

Full Name (Last, First, Middle Initial)

Brett Kasper

Mailing Address 43 Eastern Ave. Apt. 3

City
Lynn

State
MA

Zip Code
01902-

Purpose of Disbursement
Reimbursement for travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90213.E11018

Date of Disbursement

/ /

Amount of Each Disbursement this Period

51.45

REIMBURSEMENT FOR TRAVEL

C.

Full Name (Last, First, Middle Initial)

Brett Kasper

Mailing Address 43 Eastern Ave. Apt. 3

City
Lynn

State
MA

Zip Code
01902-

Purpose of Disbursement
Accounting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90213.E11012

Date of Disbursement

/ /

Amount of Each Disbursement this Period

400.00

ACCOUNTING SERVICES

SUBTOTAL of Disbursements This Page (optional)

851.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City
Belmont

State
MA

Zip Code
02478-

Purpose of Disbursement
Reimbursement for parking

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90213.E10974

Date of Disbursement

01 / 08 / 2009

Amount of Each Disbursement this Period

47.40

REIMBURSEMENT FOR PARKING

B.

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City
Belmont

State
MA

Zip Code
02478-

Purpose of Disbursement
Reimbursement for phone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90213.E11009

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

116.48

REIMBURSEMENT FOR PHONE

C.

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City
Belmont

State
MA

Zip Code
02478-

Purpose of Disbursement
Reimbursement for phone and travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90213.E11021

Date of Disbursement

01 / 27 / 2009

Amount of Each Disbursement this Period

151.56

REIMBURSEMENT FOR PHONE
AND TRAVEL

SUBTOTAL of Disbursements This Page (optional)

315.44

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 / 37

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)
Konica Minolta Business Systems

Mailing Address P.O. Box 7247-0322

City Philadelphia State PA Zip Code 19170-0322

Purpose of Disbursement
Copier Equipment Lease

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90213.E10975

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	8	/	2	0	0	9

Amount of Each Disbursement this Period

852.61

COPIER EQUIPMENT LEASE

B. Full Name (Last, First, Middle Initial)
Konica Minolta Business Systems

Mailing Address P.O. Box 7247-0322

City Philadelphia State PA Zip Code 19170-0322

Purpose of Disbursement
Copier Equipment Lease

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90213.E10993

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Amount of Each Disbursement this Period

722.93

COPIER EQUIPMENT LEASE

C. Full Name (Last, First, Middle Initial)
Ox-Eye PropertiesMailing Address c/o Massey & Co.
85 Merrimac Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement
Rent and Utilities

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90213.E11004

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Amount of Each Disbursement this Period

4459.39

RENT AND UTILITIES

SUBTOTAL of Disbursements This Page (optional)

6034.93

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 37

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 90213.E10982 Date of Disbursement																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	8		2	0	0	9												
City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll - 401k	<table border="1"> <tr> <td colspan="10">1153.85</td> </tr> </table>	1153.85																			
1153.85																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PAYROLL - 401K																				
B. Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 90213.E10981 Date of Disbursement																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	8		2	0	0	9												
City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Tax	<table border="1"> <tr> <td colspan="10">1937.25</td> </tr> </table>	1937.25																			
1937.25																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PAYROLL TAX																				
C. Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 90213.E11024 Date of Disbursement																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	2		2	0	0	9												
City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Fee	<table border="1"> <tr> <td colspan="10">126.88</td> </tr> </table>	126.88																			
126.88																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PAYROLL FEE																				

SUBTOTAL of Disbursements This Page (optional)

3217.98

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement
Payroll 401k

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90213.E11022

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.00

PAYROLL 401K

B.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement
Payroll 401k

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90217.E11031

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2307.69

PAYROLL 401K

C.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement
Payroll Tax

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90217.E11030

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2712.61

PAYROLL TAX

SUBTOTAL of Disbursements This Page (optional)

5180.30

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 90217.E11029
	Mailing Address PO Box 8295	Date of Disbursement <div> <div>01</div> <div>30</div> <div>2009</div> </div>
	City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement Payroll Fee</div> <div>Candidate Name</div> </div> <div>Category/Type</div>	<div>7.62</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div>	PAYROLL FEE
B.	Full Name (Last, First, Middle Initial) Jodys Quik Print	Transaction ID: 90213.E10972
	Mailing Address P.O. Box 1068	Date of Disbursement <div> <div>01</div> <div>08</div> <div>2009</div> </div>
	City Middleton State MA Zip Code 01949-	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement Invitations for event</div> <div>Candidate Name</div> </div> <div>Category/Type</div>	<div>654.00</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div>	INVITATIONS FOR EVENT
C.	Full Name (Last, First, Middle Initial) Jodys Quik Print	Transaction ID: 90213.E11010
	Mailing Address P.O. Box 1068	Date of Disbursement <div> <div>01</div> <div>16</div> <div>2009</div> </div>
	City Middleton State MA Zip Code 01949-	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement Envelopes</div> <div>Candidate Name</div> </div> <div>Category/Type</div>	<div>755.85</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div>	ENVELOPES

SUBTOTAL of Disbursements This Page (optional)

1417.47

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

SCM Associates

Mailing Address Steve Meyers
1283 Main Street

City Dublin State NH Zip Code 03444-

Purpose of Disbursement

Direct Mail and Telemarketing - party related non FEA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90213.E10986

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

5262.00

DIRECT MAIL AND TELEMARKE-
TING - PARTY RELATED NON
FEA

B.

Full Name (Last, First, Middle Initial)

SCM Associates

Mailing Address Steve Meyers
1283 Main Street

City Dublin State NH Zip Code 03444-

Purpose of Disbursement

Direct Mail and Telemarketing - party related non FEA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90213.E10985

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

1680.00

DIRECT MAIL AND TELEMARKE-
TING - PARTY RELATED NON
FEA

C.

Full Name (Last, First, Middle Initial)

Staples, Inc.

Mailing Address Staples Credit Plan
Dept. 80 - 0088936796

City Des Moines State IA Zip Code 50368-9020

Purpose of Disbursement

Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90213.E10994

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

426.58

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

7368.58

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Staples, Inc.

Mailing Address Staples Credit Plan
Dept. 80 - 0088936796

City Des Moines State IA Zip Code 50368-9020

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90213.E11014

Date of Disbursement

01 / 27 / 2009

Amount of Each Disbursement this Period

99.22

OFFICE SUPPLIES

B.

Full Name (Last, First, Middle Initial)

Taj Boston

Mailing Address 15 Arlington St.

City Boston State MA Zip Code 02116-

Purpose of Disbursement
catering for party related fundraising - Non FEA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90213.E10987

Date of Disbursement

01 / 07 / 2009

Amount of Each Disbursement this Period

269.53

CATERING FOR PARTY RELATED
FUNDRAISING - NON FEA

C.

Full Name (Last, First, Middle Initial)

Peter Torkildsen

Mailing Address 1 Stony Brook Road

City Chelmsford State MA Zip Code 01863-

Purpose of Disbursement
Reimbursement for parking

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90213.E11011

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

138.00

REIMBURSEMENT FOR PARKING

SUBTOTAL of Disbursements This Page (optional)

506.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Peter Torkildsen

Mailing Address 1 Stony Brook Road

City
Chelmsford

State
MA

Zip Code
01863-

Purpose of Disbursement
Reimbursement see below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90213.E11005

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1614.00

REIMBURSEMENT SEE BELOW

B.

Full Name (Last, First, Middle Initial)

Simard Printing

Mailing Address 300 Salem Street

City
Woburn

State
MA

Zip Code
01801-

Purpose of Disbursement
P. Torkildsen reimbursement for party related banners

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90213.E11006

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1614.00

[MEMO ITEM]

MEMO: P. TORKILDSEN REIMB-
URSEMENT FOR PARTY RELATED
BANNERS

C.

Full Name (Last, First, Middle Initial)

Peter Torkildsen

Mailing Address 1 Stony Brook Road

City
Chelmsford

State
MA

Zip Code
01863-

Purpose of Disbursement
Reimbursement see below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90213.E11007

Date of Disbursement

/ /

Amount of Each Disbursement this Period

820.00

REIMBURSEMENT SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

2434.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)
JFK/New Chardon Stre Postmaster-

Mailing Address 25 New Chardon Street

City State Zip Code
Boston MA 02114-

Purpose of Disbursement
P. Torkildsen reimbursement for postage stamps

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90213.E11008

Date of Disbursement

/ /

Amount of Each Disbursement this Period

820.00

[MEMO ITEM]

MEMO: P. TORKILDSEN REIMBURSEMENT FOR POSTAGE STAMPS

B. Full Name (Last, First, Middle Initial)
Peter Torkildsen

Mailing Address 1 Stony Brook Road

City State Zip Code
Chelmsford MA 01863-

Purpose of Disbursement
In-kind donation of office furniture

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90213.C172400IK

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1325.00

IN KIND: IN-KIND DONATION
OF OFFICE FURNITURE

C. Full Name (Last, First, Middle Initial)
Verizon

Mailing Address P.O. Box 1

City State Zip Code
Worcester MA 01654-

Purpose of Disbursement
Phone Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90213.E11013

Date of Disbursement

/ /

Amount of Each Disbursement this Period

396.45

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional)

1721.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City
Reading

State
MA

Zip Code
01867-

Purpose of Disbursement
Reimbursement for parking and travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90213.E11019

Date of Disbursement

/ /

Amount of Each Disbursement this Period

171.80

REIMBURSEMENT FOR PARKING
AND TRAVEL

SUBTOTAL of Disbursements This Page (optional)

171.80

TOTAL This Period (last page this line number only)

39595.73

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.	Full Name (Last, First, Middle Initial) Bruce Harrison	Transaction ID: 90213.E10973 Date of Disbursement
	Mailing Address 101 Elm St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 8 / 2 0 0 9</div> </div>
	City Wakefield State MA Zip Code 01880-	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement Administrative Assistance</div> <div>Candidate Name</div> </div> <div>Category/Type</div>	<div>1000.00</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	ADMINISTRATIVE ASSISTANCE
B.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 90213.E10978 Date of Disbursement
	Mailing Address 16 Oval Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 8 / 2 0 0 9</div> </div>
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement Payroll</div> <div>Candidate Name</div> </div> <div>Category/Type</div>	<div>1265.85</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	PAYROLL
C.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 90213.E10990 Date of Disbursement
	Mailing Address 16 Oval Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement Payroll</div> <div>Candidate Name</div> </div> <div>Category/Type</div>	<div>1298.70</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	PAYROLL

SUBTOTAL of Disbursements This Page (optional)

3564.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City
Belmont

State
MA

Zip Code
02478-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90213.E10979

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1288.42

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City
Belmont

State
MA

Zip Code
02478-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90213.E10991

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1288.42

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Communication, Inc. Majority

Mailing Address 274 Marconi Blvd. Suite 260

City
Columbus

State
OH

Zip Code
43215-

Purpose of Disbursement
FEA Voter Contact Mailing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90213.E11003

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

FEA VOTER CONTACT MAILING

SUBTOTAL of Disbursements This Page (optional)

3576.84

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Peter Torkildsen

Mailing Address 1 Stony Brook Road

City
Chelmsford

State
MA

Zip Code
01863-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90213.E10980

Date of Disbursement

/ /

Amount of Each Disbursement this Period

807.36

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Peter Torkildsen

Mailing Address 1 Stony Brook Road

City
Chelmsford

State
MA

Zip Code
01863-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90213.E10992

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1469.88

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

2277.24

TOTAL This Period (last page this line number only)

9418.63

Image# 29932215260

Form/Schedule: **F3XN**

Transaction ID:

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NO MAILINGS OR OTHER ACTIVITY MENTIONED ANY OTHER FEDERAL CANDIDATE. NO ACTIVITY IS REQ
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for employer-occupation if one was not provided in order to meet best efforts policy.
